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** CONTINUING DATA ***** *None* V.F

** FOREIGN APPLICATIONS ***** *None* V.F

IF REQUIRED, FOREIGN FILING LICENSE
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Verified and Acknowledged Examiner's Signature <i>V.F</i> Initials					

ADDRESS

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TITLE

Method and system for reporting fraud and claiming insurance related to network-based transactions

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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